



# Crisis Plan Implementation

Presentation to the North Carolina Legislative  
Oversight Committee  
January 23, 2008

# Crisis Plan Implementation

- Community assessment
- Development of Crisis Plan
- Highlights of Crisis Plan
- Implementation of Crisis Plan
  - Successes
  - Challenges
- Key takeaways

# Community Assessment

## Survey Results:

- Ensure availability of 24/7 crisis response services for all consumers
- Lack of service capacity for short-term crisis beds
- Lack of availability of psychiatric care for all consumers

## Service Gap Analysis:

- No short-term crisis beds available
- Limited mobile crisis management available
- Limited partial hospitalization
- Limited recovery services

# Development of Crisis Plan

- Analysis of data
- Partners:
  - Consumer and Family Advisory Committee
  - Local hospitals
  - Local law enforcement
  - Community providers
  - Community leaders and residents
  - Local Coalitions

# Highlights of Crisis Plan

- Development of a comprehensive substance abuse treatment facility
  - \$2.7 million in county funds
  - Medical Detox, Social-Setting Detox, IDDT, Intensive Outpatient and Group Living
- Services to jail population
  - Jail case managers
  - Jail diversion staff
  - Community Based Organization grants
  - Mental Health and Drug Court development

# Highlights of Crisis Plan

- Hybrid Mobile Crisis Management
  - Outreach staff
  - Not 24/7
- Local Hospital Partnership
  - 2 additional inpatient sponsorships per month
  - Local hospital liaisons
- Recovery Focus
  - Recovery support services
  - Housing support teams
  - Peer operated drop-in center
- Operational Focus
  - Training: First responder role & Crisis Intervention Team
  - DSS Guardianship consents

# Implementation of Crisis Plan

- Hired 2 outreach workers for hybrid mobile crisis management
- Purchased 2 additional sponsorships per month at local hospitals
- Hired 2 jail case managers to assist inmates transitioning to community after release
- Initiated 10 short-term crisis beds through Mental Health Trust Fund grant to ReStart

# Implementation of Crisis Plan

- Successes:
  - No increase in State bed day utilization
  - Admissions to John Umstead Hospital down 10.4% since July 1, 2007
  - 93% of jail case management participants commit no new, additional offenses in 6 months following participation – Compared to national rate of 70% not re-offending in 12 months<sup>1</sup>
  - Since July 1, 2007, 100% of consumers with DSS as guardian have had all necessary consents on file

<sup>1</sup> Bureau of Justice Statistics, US Department of Justice, Office of Justice Programs

# Implementation of Crisis Plan

- Challenges:
  - Program Development
    - Substance Abuse facility
    - Availability of Licensed Clinical Addiction Specialists
  - Partial Answer
    - Guilford Academy of Substance Abuse Recovery Advocates
      - 15 advocates trained in first class

# Implementation of Crisis Plan

- Challenges:
  - Standardized Medical Clearance criteria
    - Cost for Emergency Departments when consumers cannot afford to pay
    - Time of law enforcement staff to maintain custody and transport consumers
  - Partial Answer
    - Community Police Officer position
    - Partnership with Guilford County Sheriff's Department, Greensboro Police Department and Guilford County

# Key Takeaways

- Community systems approach works best
  - Local hospitals, law enforcement, providers, foundations, coalitions, etc.
- Quality of working relationships drive success at the local level
  - Meaningful participation in plan development, liaisons available for consultation, participation in Request for Proposal process
- LME is uniquely positioned to maintain a focus on the larger community picture and involve all partners necessary to deliver results